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Director's Signature:							-	Time	Log/Progra	am / Area:	2048 Bost	ton Drug Lab			
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William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval **prior** to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of En	1ployee: 🔟	sted below		Employee #: <u>USkelbekin</u>
Department	: <u>Deugla</u>	baea taex		<u>.</u>
Date(s) of o	vertime work	: 4/24/10	5	
# of hours re	equested: 43	skel Belan		
			egular hours	: Significant Backleg of Sang
Willy Work C	aimot de com	ipiciod during it	zgulai nours	· Significant Pacific of 1
		<u></u>		
Overtime is t	o be:pai	d at OT rate	added to	comp time balance
	(if O	Trate, complete below)		
OT Account:	8100-9	745	· ·	
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Approval:		an parametra anta anta anta anta anta anta anta a	of the latter of the control of the	ka araban mendukan kencaran makaran mengunan bendangan mendung di Penduan penduan dan dan dan benduan di
Supervisor:	() (Jalemo		Date: 4/21/10
Department		•		Date:
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